

109TH CONGRESS
1ST SESSION

H. R. 164

To amend the Foreign Assistance Act of 1961 to provide for the establishment of a network of pediatric centers in certain developing countries to provide treatment and care for children with HIV/AIDS, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 2005

Ms. MILLENDER-MCDONALD introduced the following bill; which was referred to the Committee on International Relations

A BILL

To amend the Foreign Assistance Act of 1961 to provide for the establishment of a network of pediatric centers in certain developing countries to provide treatment and care for children with HIV/AIDS, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “International Pediatric
5 HIV/AIDS Network Act of 2005”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) HIV/AIDS causes the death of more indi-
2 viduals than any other infectious disease, surpassing
3 even tuberculosis and malaria, the leading causes of
4 death since antiquity. In 2003 HIV/AIDS caused
5 the death of more than 3,000,000 individuals.

6 (2) Worldwide, approximately 40,000,000
7 adults and children are infected with HIV, and ap-
8 proximately 28,000,000 individuals have died of
9 AIDS since the beginning of the epidemic, including
10 approximately 5,600,000 children.

11 (3) Approximately 50 percent of all new HIV
12 infections occur among young people 15 to 24 years
13 of age.

14 (4) Each day more than 2,000 children are in-
15 fected with HIV and 16 percent of all new HIV in-
16 fections involve children.

17 (5) In 2003 more than 700,000 children be-
18 came infected with HIV and a total of approximately
19 2,500,000 children were living with HIV/AIDS.

20 (6) In 2003 approximately 500,000 children
21 died from AIDS. By the end of 2003 a total of more
22 than 5,600,000 children had died from AIDS since
23 the beginning of the epidemic.

24 (7) The HIV/AIDS epidemic has a devastating
25 impact on children and families. More than

1 14,000,000 children have been orphaned as a result
2 of HIV/AIDS, of whom 95 percent live in sub-Saha-
3 ran Africa.

4 (8) The following represents the approximate
5 number of children under the age of 15 who are liv-
6 ing with HIV/AIDS in the countries indicated:
7 270,000 in Nigeria, 250,000 in South Africa,
8 230,000 in Ethiopia, 220,000 in Kenya, 170,000 in
9 Tanzania, 150,000 in Zambia, 110,000 in Uganda,
10 84,000 in Côte d'Ivoire, 80,000 in Mozambique,
11 65,000 in Rwanda, 30,000 in Namibia, 170,000 in
12 India, 2,000 in the People's Republic of China, and
13 800 in Guyana.

14 (9) These countries are developing countries in
15 which very few individuals infected with HIV have
16 access to antiretroviral therapies.

17 (10) Approximately 50 percent of all individuals
18 who become infected with HIV acquire the virus be-
19 fore the age of 25 and die from AIDS or AIDS-re-
20 lated illnesses before the age of 35. The propensity
21 of HIV to infect adolescents and young adults poses
22 a unique threat to children for acquisition of the
23 virus.

24 (11) In addition, 95 percent of HIV/AIDS-asso-
25 ciated deaths occur in developing countries. Some

1 projections indicate that by 2005 the number of in-
2 dividuals infected with HIV in Africa may double to
3 approximately 60,000,000 individuals. Asia, espe-
4 cially India and the People's Republic of China, is
5 acknowledged to represent the next region to experi-
6 ence a major increase in the HIV/AIDS epidemic.

7 (12) There is also a lack of health care profes-
8 sionals with expertise or experience in treating chil-
9 dren infected with HIV, including the provision of
10 therapy, dosing, administration, and monitoring.
11 Treatment for children infected with HIV is not as
12 widely available as it is for adults infected with HIV
13 and thus children represent a disproportionate share
14 of those individuals infected with HIV who do not
15 have access treatment.

16 (13) Most health care professionals in devel-
17 oping countries lack formal education or training in
18 pediatric HIV/AIDS treatment, have limited access
19 to relevant scientific and medical literature, and do
20 not network or collaborate with their colleagues in
21 other institutions on any regular basis.

22 (14) Formal research training for such health
23 care professionals is almost non-existent, as well as
24 studies specifically designed to address practical and
25 affordable approaches to the prevention and treat-

1 ment of HIV/AIDS. Infrastructure for the conduct
2 of HIV/AIDS clinical research is lacking in most de-
3 veloping countries.

4 (15) The establishment of a network of pedi-
5 atric centers to provide treatment and care for chil-
6 dren with HIV/AIDS in developing countries and the
7 training of pediatric health care professionals would
8 be an important contribution to the prevention,
9 treatment, and monitoring of HIV/AIDS cases in
10 those countries.

11 (16) The establishment of this network will
12 mean that approximately 40,000 children with HIV/
13 AIDS will receive treatment and care at the pedi-
14 atric centers during the five year-period beginning
15 immediately after the establishment of the network.
16 This will dramatically enhance the global infrastruc-
17 ture and capacity for HIV/AIDS care and treatment
18 and clinical research. Each center would become
19 self-sustaining after the initial five year-period.

20 (17) These centers will be developed and staffed
21 collaboratively by United States and local profes-
22 sionals. The centers would be modeled after two
23 landmark international pediatric HIV/AIDS care
24 and treatment centers already established and oper-

1 ating in Constanta, Romania, and Gaborone, Botswana.
2

3 (18) Based on the model of the pediatric HIV/
4 AIDS care and treatment centers in Constanta, Romania and Gaborone, Botswana, these centers will
5 make a valuable contribution not only to the treatment of HIV/AIDS, but also to routine care, psychosocial care, and nutritional and other child life services.
6
7
8
9

10 **SEC. 3. AMENDMENTS TO THE FOREIGN ASSISTANCE ACT**
11 **OF 1961.**

12 (a) NETWORK OF PEDIATRIC HIV/AIDS CENTERS.—Section 104A(d) of the Foreign Assistance Act of
13 1961 (22 U.S.C. 2151b–2(d)) is amended by adding at
14 the end the following new paragraph:
15

16 “(8) NETWORK OF PEDIATRIC HIV/AIDS CENTERS.—The establishment and operation by one or
17 more public-private partnership entities described in
18 paragraph (7) of a network of pediatric centers in
19 countries in sub-Saharan Africa, the Republic of
20 India, the People’s Republic of China, the Co-operative Republic of Guyana, and other countries and
21 areas with high rates of HIV/AIDS to provide treatment and care for children with HIV/AIDS in such
22
23
24

1 countries and areas and to provide training of pedi-
2 atric health care professionals at such centers.”.

3 (b) FUNDING.—Section 104A of the Foreign Assist-
4 ance Act of 1961 is amended—

5 (1) by redesignating subsection (g) as sub-
6 section (h); and

7 (2) by inserting after subsection (f) the fol-
8 lowing new subsection:

9 “(g) FUNDING FOR NETWORK OF PEDIATRIC HIV/
10 AIDS CENTERS.—Of the funds made available to carry
11 out this section for fiscal years 2006 through 2010, not
12 less than \$10,000,000 for each such fiscal year is author-
13 ized to be made available to carry out subsection (d)(8).”.

○